

Candidate
Annual Report of Receipts and Disbursements
2009



Candidate's Name Donnie Bell
Full Address 836 Tucker AVE. Fulton, MS 38843
Telephone 662-862-3385 Fax _____
Contact Name Donnie Bell Email DBell@Husc.ms.gov
Office Sought _____ Political Party Democrat

☐ Check here if above is different from previous report

TYPE OF REPORT

X January 29, 2010 Annual Report (January 1, 2009, through December 31, 2009).....All Candidates and Political Committees
____ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-Itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$ 1200 + \$ 0	\$ 1200	\$ 1200 1200.00
Total amount of disbursements	\$ 800 + \$ 1597	\$ 2397	\$ 2397
Total amount of cash on hand		\$ 800 2036.13	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Donnie Bell
Signature of Candidate

Date 1/24/10

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO:

1. Candidates for statewide, state district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P.O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee

Donnie Bell

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ITEMIZED DISBURSEMENTS

A. Full name Fulton Country Club		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		8/14/09	\$ 300.00
City, State, Zip Code		7/12/09	\$ 500.00
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ 800.00
B. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		___/___/___	\$
City, State, Zip Code		___/___/___	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
C. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		___/___/___	\$
City, State, Zip Code		___/___/___	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
D. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		___/___/___	\$
City, State, Zip Code		___/___/___	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
E. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		___/___/___	\$
City, State, Zip Code		___/___/___	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
F. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		___/___/___	\$
City, State, Zip Code		___/___/___	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$

Name of Candidate or Committee

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ITEMIZED RECEIPTS

A. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan☐ Other (please specify)

Full name

BNSF

Date
(Mo., Day, Year)

9/23/09

Amount of each
receipt
this period

\$ 250.00

Mailing Address

//_

\$

City, State, Zip Code

//_

\$

Name of Employer (Required)

//_

\$

Occupation (Required)

Aggregate
year-to-date

\$ 250.00

B. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan☐ Other (please specify)

Full name

Mississippi Power

Date
(Mo., Day, Year)

9/23/09

Amount of each
receipt
this period

\$ 250.00

Mailing Address

//_

\$

City, State, Zip Code

//_

\$

Name of Employer (Required)

//_

\$

Occupation (Required)

Aggregate
year-to-date

\$ 250.00

C. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan☐ Other (please specify)

Full name

AT&T

Date
(Mo., Day, Year)

12/1/09

Amount of each
receipt
this period

\$ 500.00

Mailing Address

//_

\$

City, State, Zip Code

//_

\$

Name of Employer (Required)

//_

\$

Occupation (Required)

Aggregate
year-to-date

\$ 500.00

D. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan☐ Other (please specify)

Full name

Grand Trunk Western Railroad

Date
(Mo., Day, Year)

11/6/09

Amount of each
receipt
this period

\$ 250.00

Mailing Address

//_

\$

City, State, Zip Code

//_

\$

Name of Employer (Required)

//_

\$

Occupation (Required)

Aggregate
year-to-date

\$ 250.00